STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-003	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSIGHT HUMAN SERVICES - FORSYTH	665 WEST FOURTH STREET WINSTON SALEM, NC 27101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A compliant survey was completed on 1/6/2022. The complaint was unsubstantiated (Intake ID# NC184055). No deficiencies were cited. Current Census: 345 The survey sample consisted of audits of 3 current clients. This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse 10A NCAC 27G .3600 Outpatient Opioid Treatment 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program	V 000		